

REMARKS/ARGUMENTS

Re-examination and favorable reconsideration in light of the above amendments and the following comments are respectfully requested.

Claims 1 - 14 and 16 - 35 are pending in the application. Currently, no claim has been allowed.

By the present amendment, claims 1, 12, 17, and 23 have been amended and claim 18 has been cancelled without prejudice.

In the office action mailed July 5, 2007, all claims pending in the application were rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 5,867,821 to Ballantyne et al. in view of U.S. Patent Publication No. 2003/0055679 to Soll and in view of U.S. Patent No. 6,283,761 to Joao.

The foregoing rejection is traversed by the instant response.

Claim 1 as amended calls for the at least one video display unit to be located within at least one examination/consultation room in a non-hospital medical setting. It also calls for the system to have a list of available medical programs for viewing by a patient with each said medical program having a program number associated therewith and a manual device for entering a program number for a selected one of said medical programs, which manual device has means for transmitting a signal directly to the at least one video display device. Still further, the system has an electronic device containing a plurality of video files, which electronic device has means for receiving a signal from the at least one video display unit identifying the program selected by the patient, whereby the selected program is provided to the at least one video display unit. Still further, the system has means for changing and updating said video files on the electronic device.

The Ballantyne et al. patent is directed to a method and apparatus for electronically accessing and distributing healthcare information and services in hospitals and homes. There is no

contemplation by Ballantyne et al. of providing any display unit in an examination/consultation room in a non-hospital medical setting. Still further, Ballantyne has a PCS station which accesses the system, and in particular, the master library, via a nursing station 6. The PCS station includes a monitor but lacks any disclosure of a manual device having means for transmitting a signal directly to the at least one video display unit. It also lacks an electronic device containing video files which has means for receiving a signal from said at least one video display unit identifying the program selected by the patient.

The secondary reference to Soll disclose a system which is located in a non-hospital setting; however, said system is quite different from that being claimed. Soll lacks the claimed list of available medical programs for viewing by the patient and a manual device for entering a program number for a program selected by the patient. In Soll, there is no disclosure of the patient selecting a program. Soll also lacks a manual device having means for transmitting a signal directly to at least one video display unit. It also lacks any disclosure of an electronic device having means for receiving a signal from the at least one video display unit identifying the program selected by the patient. Thus, even if one were somehow to combine Ballantyne et al. and Soll, one would not reach the claimed invention.

The tertiary reference to Joao does not cure the aforementioned deficiencies in Ballantyne et al. and Soll. The apparatus and method described by Joao is intended to process and/or provide healthcare information and/or healthcare-related information. Nowhere does the Joao patent talk about providing any such information in a non-hospital medical setting. Clearly, there is no disclosure of placing at least one video display unit within at least one examination/consultation room. There is also no

disclosure of the claimed list of medical programs, the claimed manual device, and the claimed electronic device.

Claims 2 and 3 are allowable for the same reasons as claim 1 as well as on their own accord.

Claim 4 is directed to an interactive system for providing information to patients in a medical setting which includes an electronic device which contains a plurality of video files connected to at least one video display so that a program selected by the patient using the manual device is provided by the electronic device to the at least one video display unit. The electronic device maintains a log of each program selected by the viewer. Clearly, the Ballantyne et al. patent does not teach or suggest the use of an electronic device which maintains a log of each program selected by the viewer. The Examiner acknowledges that Ballantyne et al. does not disclose an electronic device which maintains a log of each program selected by the viewer. The Examiner contends that this missing information can be found in Soll. A review of paragraph 0055 in Soll shows that this has nothing at all to do with maintaining a log of programs viewed by patients - instead it has to do with triage questions. As for paragraphs 0181 to 0184, these paragraphs have to do with exit interviews. There is no disclosure of maintaining a log of each program selected by the viewer. The Joao patent is also silent on this point and therefore does not cure the deficiency in Ballantyne et al. For this reason, claim 4 is allowable.

Claim 5 is allowable because none of the cited and applied references discloses any means for accessing data in a log maintained by the electronic device because neither reference teaches or suggests an electronic device that maintains a log of each program selected by the viewer.

Claims 6 - 8 are allowable for the same reasons as claim 4 as well as on their own accord.

Claims 9 and 10 are allowable for the same reasons as claim 1 as well as on their own accord.

With respect to claim 11, the Examiner relies upon column 8, line 65 through column 10, line 27 of Ballantyne et al. to teach the limitation of there being a list of available programs on an on-screen display. However, Ballantyne et al. is silent as to there being such a list. The Ballantyne et al. patent says that a patient can select a program but does not provide any details as to how the patient would obtain a list of available programs. Neither Soll nor Joao cure this deficiency in Ballantyne et al. For this reason, claim 11 is allowable.

Claim 12 now calls for the system to have a printed list of available medical programs for viewing by a patient with each said medical program having a program number associated therewith, and a manual device for directly transmitting a selected program number to the at least one video display unit. A hand-held user interface contains a list of available programs and the manual device. None of the cited and applied references discloses the printed list, the claimed manual device which transmits a signal directly to the at least one video display unit, and the claimed hand held user interface. Clearly, there is an interface in the Ballantyne et al. system. However, there is no disclosure of such an interface being a hand-held interface which contains both the list of available programs and a manual device. For these reasons, claim 12 is allowable over the combination of Ballantyne et al., Soll, and Joao.

Claims 13 and 14 are allowable for the same reasons as claim 12 and further on its own accord.

Claim 16 is allowable because none of the cited and applied references teaches or suggests locating at least one television monitor in a pharmacy setting.

Claim 17 is allowable because none of the cited and applied references teaches or suggests the claimed manual device having

means for transmitting a signal directly to the at least one television monitor.

Claim 19 is allowable because none of the cited and applied references teaches or suggests an electronic device having the capability to simultaneously provide the same program content to each of a plurality of video display units.

Claim 20 is allowable for the same reasons as claim 1 as well as on its own accord.

Claim 21 is allowable because none of the cited and applied references teaches or suggests a manual device comprising a device for generating an infrared signal and said at least one video display unit as a means for receiving said infrared signal and for transmitting said infrared signal to said electronic device. The only discussion of data transmission in Ballantyne et al. occurs in column 9, line 40 et seq. There it is said that the data is transferred to and from the PCS in compressed digital form to minimize data loading on the network and then decompressed at the bedside when used. There is no disclosure of the use of infrared signals in Ballantyne et al. Neither Soll nor Joao cures this deficiency in Ballantyne et al. Therefore, claim 21 is allowable.

Claim 22 is allowable over the cited and applied references because no reference discloses an interactive system which has an automatic turn-on feature and an automatic turn-off feature.

Claim 23 is allowable for the same reasons that claim 1 is allowable. In particular, none of the cited and applied references teaches the step of transmitting a signal directly from the hand held device to the video display unit identifying the selected one of the video files.

Claims 24 - 32 are allowable for the same reasons as claim 23 as well as on their own accord.

Claim 26 is allowable because none of the cited and applied references teaches or suggests updating the video files on an

electronic device from another electronic device located remote from the medical setting.

Claim 30 is allowable because none of the cited and applied references teaches or suggests a step of maintaining a log of video files viewed by said individuals on said electronic device.

Similarly, claim 31 is allowable because none of the cited and applied references teaches or suggests periodically downloading information maintained in the log to a remote device for analysis of that information.

Claim 33 is allowable over the cited and applied references because none of the cited and applied references teaches or suggests maintaining a log of each selected video file on the electronic device.

Claims 34 and 35 are allowable for the same reasons as claim 33 and further on their own accord. No cited and applied reference teaches or suggests gathering information about viewed programs by accessing the log via another electronic device. Additionally, none of the cited and applied references teaches or suggests utilizing and gathering information to compute an amount due from at least one of advertisers and sponsors.

In support of the non-obviousness of the present invention, Applicants ask the Examiner to reconsider the declaration of Michael Collette. The declaration states that more than 800 of the systems described and claimed in the instant application have been installed in doctor's offices. Attached to the declaration are *unsolicited* reviews from doctors who have used the system of the present invention. It is clear from these reviews that the system of the present invention has had a profound impact in their office practice by providing a system for patients to learn more about their health care conditions and treatments and that the system has been well received by their patients. These testimonials should not be summarily ignored. While it may have been nice to have the doctors

and medical professionals review the patent application and claims prior to writing their letters, Applicants would rather the Examiner consider what these testimonials say knowing that the people writing them had no knowledge that Applicants were seeking a patent. They speak to how the system of the present invention has improved their medical practices and solved a long felt need. Mr. Collette's contribution is solely to point out that these testimonials were written by people using the system and process that is claimed in this application.

Dr. Moe L. Chin and staff say that "your program has made a tremendous impact on our office practice. We have recommended to every patient waiting in our exam rooms to view ERN to learn more about their health conditions and treatments."

Dr. Enrique Boquin writes "Just wanted you to know how much my patients, staff and I appreciate Exam Room Network. Your program provides my patients the facts about their condition before I enter the room, which saves me time educating them. My staff recommends every patient view ERN while they are waiting to see me. When I arrive I can tell they have learned something new. These patients often express their appreciation for the information."

Dr. Donald Bishop writes that "... patients have expressed their appreciation for the programming and also have demonstrated a better understanding of their conditions and increased compliance with prescribed medications. ... These are great benefits ..."

Violeta Rosario of Rosario Medical Center writes to say "I am writing to thank you for the opportunity to participate in this revolutionary new way of providing important medical information to our patients."

Drs. Kenneth and Lloyd Hershman write to say that "Exam Room Network is by far the best program ever offered to us. It is not only non-intrusive, educational and time-savings to our patients, but to us as well."

Dr. Melvyn Sarnow writes to say that "I would not hesitate to recommend ERN as an indispensable informational tool to any medical practice."

It is clear from these testimonials that Applicants' system as set forth in the instant application has been a success in many respects. It also fills a need for both patients and doctors. In fact, it fills this need so well that it has been very well received by both of these groups.

Applicants submit that the testimonials and reviews are a secondary consideration which mandates the non-obviousness of the claimed invention. Neither Ballantyne et al., Soll, nor Joao teaches or suggests how to provide a system such as that set forth in the pending claims. For this reason alone the Examiner should allow the instant application.

For the foregoing reasons, the instant application is believed to be in condition for allowance. Such allowance is respectfully solicited.

Should the Examiner believe an additional amendment is needed to place the case in condition for allowance, he is hereby invited to contact Applicants' attorney at the telephone number listed below.

No fee is believed to be due as a result of this response. Should the Director determine that a fee is due, he is hereby authorized to charge said fee to Deposit Account No. 02-0184.

Respectfully submitted,

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